PLAN OF CORRECTION (POC) ID		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001379 STREET ADDRESS,		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING: CITY, STATE, ZIP CODE:		(X3) DATE SURVEY COMPLETED: 04/19/2023	
MUVE - CHADDS FORD AMBULATORY SURGICAL CENTER, LLC			100 WILMINGTON WEST CHESTER PIKE SUITE 100 CHADDS FORD, PA 19317				
STATE LICENSE NUMBER: 29481501							
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE		COMPLETE	
S 0000	TAG IDENTIFYING INFORMATION)			S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TIT						(X6) DATE:	

State Form ZDDX11 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

MUVE - CHADDS FORD AMBULATORY SURGICAL CENTER, LLC

STATE LICENSE NUMBER: 29481501 SURVEY EXIT DATE: 04/19/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY